
FOSTER CARE MEDICAL ASSISTANCE

REVISED 12/12/18 – CHANGE NO. 05-18

I. FOSTER CARE MEDICAL ASSISTANCE

Foster care places children who have been determined to be in an unsafe environment or at high risk of maltreatment, in the care of a parent/caretaker relative, foster home, or foster group home. Federal Title IV-E and state Non-IV-E foster care programs are designed to help meet these children's needs.

A child may be eligible to receive Medicaid when currently placed in IV-E foster care or state sponsored foster care.

II. IV-E FOSTER CARE

Medicaid eligibility is authorized as I-AS (IV-E Adoption Subsidy and Foster Care) for a child residing in North Carolina and receiving IV-E Foster Care regardless of the state providing the assistance.

III. APPLICATION

A. A signed application is not required.

B. A separate Medicaid eligibility determination is not required.

C. Verify IV-E eligibility:

1. For North Carolina IV-E obtain a signed DSS-5120A, Determination of Foster Care Assistance Benefits and/or Medical Assistance Only, from the social worker/supervisor.
2. For another state's IV-E:
 - a. Obtain a current IV-E verification statement on agency letterhead from the residence state. The statement must include the time period for which IV-E foster care eligibility has been determined by the other state, or
 - b. The parent (s) must furnish the name and address of the Title IV-E agency responsible for administering the IV-E program in the other state. The agency name and address may be listed on the foster care check or Medicaid card.

D. Once Title IV-E is verified:

1. Authorize ongoing Medicaid for 12 months.
2. Effective date of eligibility is the latest of:
 - a. Effective date of the IV-E foster care maintenance payment, or
 - b. The month following the Medicaid termination by the other state.

E. Evaluate the retroactive period to determine whether there is a medical need.

1. If IV-E eligible during the retroactive period, authorize Medicaid for 1, 2, or 3 months as appropriate.
2. If not IV-E eligible during the retroactive period, evaluate Medicaid for the 1, 2, or 3 months as appropriate for all other programs.

Refer to Job Aid: [IV-E Foster Care/Adoption](#)

IV. RECERTIFICATION

IV-E eligibility must be reverified every 12 months with the social worker. A separate Medicaid eligibility determination is not required.

A. Verify IV-E eligibility by reviewing:

1. The [DSS-5120A](#), Foster Care and/or Medicaid Redetermination, completed by social worker, or
2. Obtain a current IV-E verification statement on agency letterhead from the residence state. The statement must include the time period for which IV-E foster care eligibility has been determined by the other state, or
3. The parent/s must furnish the name and address of the Title IV-E agency responsible for administering the IV-E program in the other state. The agency name and address may be listed on the foster care check or Medicaid card.

B. If the child remains IV-E

1. Document the record.

2. Authorize ongoing Medicaid for 12 months.

C. If the child is no longer IV-E Eligible

1. Evaluate for all other Medicaid programs.
2. Terminate case if ineligible for all other programs.
3. Send appropriate notice.

V. CHANGE IN SITUATION

When changes are reported, evaluate and take appropriate action.

A. If child moves out of North Carolina, inform them that they must apply for Medicaid in the state they currently reside and terminate case with appropriate notice.

B. If Title IV-E eligibility terminates, evaluate for all other Medicaid programs.

C. If SSI terminates and child remains IV-E eligible, terminate the MAD case using appropriate notice and complete an administrative application and approve.

VI. NON-IV-E/SPECIAL NEEDS ADOPTION

Medicaid eligibility for a child under age 21, and currently in the legal custody of the state sponsored foster care and ineligible for Title IV-E may be potentially eligible for Medicaid.

VII. APPLICATION

A. A signed application by director or designee is required

B. Evaluate eligibility for Medicaid programs following the hierarchy below:

1. MAGI, excluding NCHC
2. MAF-M. Do not authorize as medically needy unless the deductible can be met as of the first day of the application month.
3. NCHC

C. If eligible authorize ongoing Medicaid eligibility for 12 months.

D. If ineligible, evaluate for all other Medicaid programs.

E. Send appropriate notice.

F. Evaluate the retroactive period to determine whether there is a medical need.

If eligible during the retroactive period, authorize Medicaid for 1, 2 or 3 months as appropriate.

Refer to Job Aid: [Non-IV-E State Foster Care/Special Needs Adoption Job](#)

VIII. RECERTIFICATION

A. Obtain a copy of the completed DSS-5120A, Foster Care and/or Medicaid Redetermination, from the social worker.

B. Apply the ex-parte process.

C. Evaluate eligibility for all programs following the hierarchy below:

1. MAGI, excluding NCHC
2. MAF-M. Do not authorize as medically needy unless the deductible can be met as of the date of the first day of certification period.
3. NCHC

D. If eligible, authorize ongoing Medicaid eligibility for 12 months.

E. If ineligible, evaluate for all other Medicaid programs.

F. Send appropriate notice.

IX. CHANGES IN SITUATION

A. Child turns age 18:

Children who choose to leave foster care at age 18 can return to foster care later if they have not reached their 21st birthday. These children may enter a Contractual Agreement for Residential Care (CARS) or Voluntary Placement Agreement(VPA).

1. Child signed CARS/VPA
 - a. Evaluate eligibility for all programs following the hierarchy below:

- 1) MAGI, excluding NCHC
 - 2) MAF-M. Do not authorize as medically needy unless the deductible can be met as of the first day of certification period.
 - 3) NCHC
- b. If eligible authorize ongoing Medicaid eligibility for 12 months.
- c. If ineligible, evaluate for all other Medicaid programs.
2. Child did not sign CARS/VPA
 - a. Evaluate eligibility for all programs.
 - b. If eligible, authorize ongoing Medicaid eligibility as appropriate.
 - c. If ineligible, terminate.
 - d. Send appropriate notice.

B. If child moves out of North Carolina, inform them that they must apply for Medicaid in the state they currently reside and terminate case with appropriate notice.

C. If Child becomes SSI or Title IV-E eligible, evaluate using the ex-parte process.

D. If DSS relinquishes custody or child returns home on a temporary basis,

1. Evaluate for all other Medicaid programs
2. Send appropriate notice